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FACSIMILE COVER SHEET

DATE: AUGUST 23, 2005

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THIS TRANSMITTAL COVER SHEET): 7

OUR REFERENCE: 231101

FROM: JOHN KILYK, JR./KAS
REGISTRATION NO. 30,763

DIRECT LINE: (312) 616-5665

To: ATTN: Mr. James Thomson
Attorney Advisor
Office of PCT Legal Administration

COMMISSIONER FOR PATENTS
P.O. Box 1450
ALEXANDRIA, VA 22313-1450

RECEIVED

23 AUG 2005

Legal Staff
International Division

FACSIMILE NUMBER: (571) 273-0459

IN RE APPLN. OF: TAYLOR ET AL
APPLICATION No. 10/510,065
FILED: June 16, 2005
FOR: STIMULATION OF NERVE CELL REGENERATION

ATTORNEY DOCKET: 231101

ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:

REQUEST FOR REFUND (2 PAGES IN DUPLICATE)
COPY OF APRIL 5, 2005 REQUEST FOR REFUND (2 PAGES, ORIGINALLY SUBMITTED APRIL 5, 2005)

A confirmation copy of the transmitted document will:

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PATENT
Attorney Docket No. 231101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Taylor et al.

Application No. 10/510,065

Filed: June 16, 2004

Art Unit: 1645

Examiner: Unassigned

For: STIMULATION OF NERVE CELL REGENERATION

REQUEST FOR REFUND

ATTN: Mr. James Thomson
Attorney Advisor
Office of PCT Legal Administration

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

- ☒ On February 22, 2005, the U.S. Patent and Trademark Office erroneously charged our firm's Deposit Account No. 12-1216 a "multiple dependent claim" fee (\$300) and a "total claims over twenty" fee (\$18). Please note that Applicants submitted a Preliminary Amendment with the initial filing of the application on October 4, 2004. The Preliminary Amendment removed all of the multiple dependencies in the claims while maintaining the total number of claims at twenty.
- ☒ On April 5, 2005, Applicants requested that a refund be granted. A copy of the April 5, 2005 Request for Refund is enclosed.
- ☒ On May 18, 2005, Mr. James Thomson of the Office of PCT Legal Administration granted the Applicants' request for refund in the amounts of \$300 and \$18.
- ☒ On July 11, 2005, the U.S. Patent and Trademark Office again erroneously charged our firm's Deposit Account No. 12-1216 the same "multiple dependent claim" fee (\$300) and a "total claims over twenty" fee (\$18). For the same reasons set forth in the original Request for Refund, Applicants request a refund in the amount of \$318.00.

Refund Request

- ☒ This request for refund is made within two years of the date a fee was paid in this application on July 11, 2005 in the amount of \$318.00.

Application No. 10/510,065

REQUEST FOR REFUND

Fees Paid


AMOUNT OF
REFUND REQUESTED

<input checked="" type="checkbox"/> Filing Fee	
National Stage Claims - multiple dependent	\$300.00
National Stage Claims - extra total (over twenty)	\$ 18.00
TOTAL REFUND REQUESTED	\$318.00

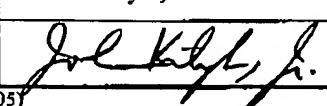
Refund Processing

Please make the refund by ☒ crediting Deposit Account No. 12-1216 or ☐ forwarding a check in the amount of the refund to the address below.

Respectfully submitted,


John Kilyk, Jr., Reg. No. 30,763
LEYDIG, VOIT & MAYER, LTD.
Two Prudential Plaza, Suite 4900
180 North Stetson Avenue
Chicago, Illinois 60601-6780
(312) 616-5600 (telephone)
(312) 616-5700 (facsimile)

Date: August 23, 2005

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8			
I hereby certify that this Request for Refund and all accompanying documents are, on the date indicated below, <input checked="" type="checkbox"/> being facsimile transmitted to the Mr. James Thomson, Office of PCT Legal Administration, Facsimile Number 571-273-0459.			
Name (Print/Type)	John Kilyk, Jr.		
Signature		Date	August 23, 2005

REFUND (Rev. 3/29/05)

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Attorney Docket No. 231101

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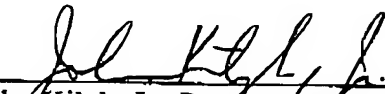
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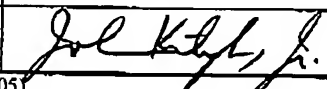
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